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CURRENT STATUS
of the
BAYLOR UNIVERSITY COLLEGE OF MEDICINE

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Baylor University College of Medicine now faces a decisive moment in its history. The jeopardy of its present predicament makes constructive action urgent.

Many of the difficulties confronting the medical school today were cited in a memorandum which I sent in 1951 to Judge E. E. Townes, then Chairman of the Houston Executive Committee of the Baylor University Board of Trustees. Baylor's present plight, in fact, is in large measure the result of failure to heed the counsel offered by eminent medical educators at that time.

Despite organizational deficiencies and inadequacies in resources, both financial and clinical, at the time of that memorandum, Baylor has been able to achieve remarkable growth and development and to gain

national as well as international prestige. These advancements came about because Baylor had a group of unusually talented, energetic, imaginative faculty members whose dedication and innate abilities transcended the obstacles and who managed to be extremely productive in the face of existing obstacles. Certain evolutionary changes, however -- socioeconomic, political, and legislative, among others -- have heightened the gravity of the situation and now seriously threaten the security and the very existence of the medical school. The obstacles facing our faculty are becoming insuperable.

In many ways the memorandum of January, 1951, was prophetic. The practical value of history lies in the guidance we receive from it for future judgments and actions. For this reason, a summary of some of the points in my memorandum to Judge Townes may emphasize the present need to take prompt remedial action.

The late Dr. H. J. Stander, distinguished medical educator and former Professor of Obstetrics and Gynecology at Cornell University Medical College, defined a medical center as follows:

A "Medical Center" . . . connotes an institution designed to offer medical care of the highest standards in every branch of medicine to the community; to equip and train most adequately young graduates for general practice or the specialties; to educate and train undergraduate medical students and nurses in a manner consonant with the highest demands of medical education; and finally, to be in the forefront

in medical investigation and fundamental research in the cause and treatment of disease. It is evident that to attain these ends the medical center must be able to offer adequate hospital facilities as well as be an intimate part of a first-class medical school.

In his report to The Texas Medical Center, prepared in 1948 at the request of Mr. H. R. Cullen, Dr. Stander pointed out that Baylor University College of Medicine was uniquely situated to become the nucleus of an outstanding medical center for education and research. Among criteria he considered necessary for Baylor to achieve this objective were:

(1) For every dollar spent in construction, at least two dollars should be reserved for endowment to operate the institution.

(2) The head of each major department in the medical school must be chief-of-service in the affiliated hospital.

(3) The administrative structure of the medical center should be organized in the following way: A Joint Administrative Board representing the governing boards of the medical school and the participating hospitals should be responsible for broad policies. The President of the Joint Board should work closely with the Directors of the hospitals and the Dean of the medical school. Under the Joint Board should be the Medical Board, as the responsible professional body, which should be composed of the heads of the major clinical departments.

The Joint Administrative Board should have certain specific responsibilities, including these:

- (a) to consider and report on the plans for any buildings to be constructed for the operation of the Center;
- (b) to supervise all medical education conducted by the University;
- (c) to negotiate with special hospitals that may wish to join the Center;
- (d) to act as a board of adjustment between the separate units;
- (e) to apportion to each unit its proper share of expenses incurred;
- (f) to approve all nominations for appointment to the professional staff of the Hospital and to the faculties of the college.

(4) The Center should not be merely a collection of independent institutions occupying a common geographic site, but should function as a closely integrated and coordinated unit.

These principles have been iterated by other outstanding medical educators, including Dr. Alfred Blalock of The Johns Hopkins University, Dr. Basil MacLean of the University of Rochester, and Dr. Alfred Snoke of Yale University, all of whom have submitted similar reports on the Texas Medical Center in the past. Dr. Blalock emphasized the importance of having a hospital operated and maintained primarily for the teaching of medical sciences and the investigation of medical problems, and supervised and directed by appropriate members of the medical school faculty. He concluded that "... the success and the future of the proposed medical

center hinge on the emphasis and the development of the facilities of the associated medical school. Having carefully selected the men to head the faculty of the medical school, they must assume a position in the organization of the center that will ensure the proper development of their departments. They must have absolute control under trustee supervision of sufficient beds for training and teaching purposes. One well organized, closely integrated medical school that is actually the foundation upon which the center is organized is the best assurance of success."

The recommendations in these reports, rendered almost two decades ago, were the product of careful analysis and observation of medical centers that offered optimal professional care of patients and contributed significantly to the advancement of medical knowledge. Although based on evidence provided by time and experience, the recommendations have never been fully carried out, a misfortune that is in great measure responsible for the crisis our medical center faces today.

A serious problem for the College of Medicine, for example, results from failure of the affiliated hospitals to provide collateral support to the medical school. A prime requisite stipulated by Dr. Stander and other distinguished medical educators, and upheld by the test of time, is that the head of each clinical department of a medical school must have control over the clinical services in the affiliated hospitals. Although Baylor has highly qualified and responsible persons actively engaged in medical education and research work, they do not enjoy the organizational control they need to function effectively.

Many of the same deficiencies and difficulties therefore remain today as existed seventeen years ago, but their impact is now far greater because of socioeconomic and other evolutionary changes. As a result, the obstacles have become increasingly more difficult to overcome and have seriously impaired Baylor's ability to keep competent senior as well as junior members of the faculty or to attract outstanding new ones. With the keen competition prevailing in academic institutions today, Baylor is at a disadvantage in being unable to provide either the budgetary inducements or the clinical resources and organizational advantages offered by many other schools. The result is that five chairmanships remain vacant, and the faculty rolls are being depleted of key personnel.

The Department of Psychiatry, for example, has no clinical resources, its affiliation with the Texas Research Institute of Mental Sciences having been severed. Its chairmanship remains open, with little prospect of being filled because of its serious financial and clinical deficiencies. The chairmanship of the Department of Neurology has been vacant for three years, and the Departments of Radiology and Medicine, similarly leaderless, are in much the same impotent position. The Department of Obstetrics and Gynecology has also recently lost its eminent chairman to the University of Alabama, which does not even rank with the top medical schools of the country. Vacancies at the top level render departments vulnerable to further depletion at all lower levels and to eventual dissolution.

One criterion cited by Dr. Stander -- adequate endowment for operation of the medical school -- has never been met. The endowment of the Baylor University College of Medicine is \$4,196,417.00, a figure considerably below that of southern medical schools such as Emory University (\$19.45 million), Vanderbilt University (\$19.4 million), Bowman-Gray (\$13.7 million), and Tulane University (\$12.6 million), and woefully below that of other medical schools such as Harvard (\$72.7 million), Jefferson (\$40.28 million), Johns Hopkins (\$39.26 million), and Washington University, St. Louis (\$28 million).

Although the Baptist General Convention of Texas, through its Cooperative Program, has contributed more per student each year to the College of Medicine than it has to any Baptist liberal arts college or university, its contribution now represents less than one per cent of the annual expenditures of the medical school, which now total \$21,261,840.40. Because of urgent commitments to other Baylor institutions and activities, a substantial increase in funds from this source cannot be expected. Because Baylor continues to operate at an increasing annual deficit, now amounting to almost one million dollars, and is constantly scrambling for funds to meet the deficits, it is unable to plan constructively for future expansion and development.

The limited financial resources of the College of Medicine derive primarily from the National Institutes of Health, in the form of contractual grants, and from tuition and fees. The resources from tuition and fees

fall far below the expenses incurred by the medical school in educating the students and cannot therefore be considered an adequate source of revenue. The cost of education per student has been increasing at a rate of about 7.5 per cent per year. Faculty salaries have risen at a rate of 7.5 per cent per year, and larger staffs have been required as a result of the progressive complexity of knowledge. The cost of maintaining adequate libraries has increased at a rate of more than 15 per cent per year, and installation of computer facilities has imposed additional financial burdens. Within the next decade the operational costs for a typical university are expected to triple. Private donations cannot be depended on as a source of revenue, since they have been consistently decreasing, and some of these funds are now being diverted to public universities and colleges. Many donors prefer to extend the value of their contributions by making donations to institutions that can accept matching government funds.

The College of Medicine has, in fact, been seriously hampered by injunctions of Texas Baptists against acceptance of Federal or State funds by the medical school for construction or operational expenditures. Whereas at one time such a policy may not have interfered with the security of the school, socioeconomic and legislative developments, including changes in tax laws, have made participation in these benefits mandatory for survival. Moreover, since Baylor functions as a public, not a sectarian institution, it should have the right to participate in public benefits and distribution ofⁿ public funds.

The obstacles imposed by such strictures are well illustrated by a recent experience. When new buildings were needed for expansion of the medical school to provide adequate facilities for its research and teaching obligations, Baylor University could not accept funds available through the Health Facilities and Resources Construction Act. It therefore became necessary to use a separate organization to obtain these funds. Although the practical result of obtaining the necessary facilities was achieved, this is a devious means by which to develop such facilities and is characteristic of deterrants faced by the school because of denominational policies.

The competition for research and training funds from the National Institutes of Health, private foundations, and voluntary health agencies has intensified greatly within recent months. Federal funds constitute the primary underpinning of all medical schools today, and retrenchment in appropriations for this purpose has resulted in assignment of priority to applications for funds on the basis of productivity and past achievement of applicants. This means that Baylor must have mature research and training directors who can compete successfully for these limited funds, but its inability to provide adequate operating budgets and satisfactory clinical arrangements mitigates its capacity to retain the services of such superior professional personnel. Without prestigious names and attractive programs, no school can recruit young scientists and teachers who can contribute to its strength and vitality. For this reason, Baylor

College of Medicine finds itself caught in a vicious circle from which it can extricate itself only by certain changes in policy and organizational structure.

Some of the financial limitations have been imposed by policies fundamental to a denominational institution. Restriction of membership on the Board of Trustees to members of the Baptist Church automatically eliminates other responsible members of the community from participating in policy direction and control, when they might provide useful resources for funds and other forms of community support and sponsorship. Thus, the community as a whole, which should be supporting its medical school, has never been encouraged, or actually felt free, to do so, and Baylor has never therefore become a responsibility of the community, although it provides many community services and functions like a community institution.

The Baylor College of Medicine has an obligation to help assuage the critical health manpower shortage in this country, although the expansion in enrollment, personnel, and facilities required to do this is not possible without additional revenue. A special committee, in its report to the Coordinating Board for Texas Colleges and Universities, has proposed that funds be granted to Baylor, on a per capita basis, for the training of residents of the State as physicians, in addition to funds for expansion of the medical school and construction of new facilities required for this purpose. Unless the College is free to accept these funds, a state

medical college will probably have to be built in Houston, which would not only be a far more expensive venture for the public and would require many years for a significant yield of manpower, but would also create additional problems for Baylor.

The Baylor College of Medicine is suffering increasingly from its historically defective organization within the Texas Medical Center, but the situation is now so acute that its administrators no longer exert significant authority or control. Its lack of funds, community support, and influence in the medical center have severely compromised its capacity to arbitrate effectively. The only practical solution is to remove its identification in the public's mind as a Baptist responsibility and to re-establish it as a nonprofit institution, to permit its fair competition for funds and resources with all other institutions in the community and nation. This opportunity can be provided by the establishment of a new, nonprofit corporation to assume ownership and control of the College of Medicine. The membership of the Board of Trustees of this new corporation should comprise a broad representation of civic leaders of the community and state who can provide resources and support for the school comparable to that of other community institutions.

The Baptist leaders of Texas who conceived the Baylor University College of Medicine and fostered its growth to its present position of eminence deserve special commendation. These leaders have protected academic freedom and flexibility within the school, have inspired its

dedication to excellence, and have nourished its development to maturity and renown. It is unreasonable, however, to expect the Baptist General Convention to continue to assume the increasing financial burden that the medical school has become. The possible alternative to a transfer of ownership, closure of the school, would vitiate all the tireless efforts, the devotion, and the dedication of the Baptist leaders who had the vision and the determination to develop this fine institution. Such an eventuality would certainly be antithetical to the precepts of the Board of Trustees.

At this critical juncture in its history, Baylor University College of Medicine can no longer afford to temporize. We have already waited seventeen years, and the issues are now so clear that further delay will be disastrous. If we are to continue to compete with the best medical schools in this country and to provide high standards of academic development and research, existing obstacles must be removed. To survive today, educational institutions must be acutely responsive to current and future developments in the nation. They must have the freedom and flexibility to act in accordance with current needs and trends. Unless the concept of a medical center enunciated almost two decades ago by eminent medical educators is given full support, with adequate endowment and with academic control of clinical services, the integrity of the medical center will continue to weaken, and in place of growth and development, we can expect only disintegration. The crisis is grave, and the need for resolution immediate.

SEP 1 1968